

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 6978CC76	FILING DATE 02-09-81			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	/		
2							52	/		
3							53	/		
4							54	/		
5							55	/		
6							56	/		
7							57	/		
8							58	/		
9							59	/		
10							60	/		
11							61	/		
12							62	/		
13							63	/		
14							64	/		
15							65	/		
16							66	/		
17							67	/		
18							68	/		
19							69	/		
20							70	/		
21							71	/		
22							72	/		
23							73	/		
24							74	/		
25							75	/		
26							76	/		
27							77	/		
28							78	/		
29							79	/		
30							80	/		
31							81	/		
32							82	/		
33							83	/		
34							84	/		
35							85	/		
36							86	/		
37							87	/		
38							88	/		
39							89	/		
40							90	/		
41							91	/		
42							92	/		
43							93	/		
44							94	/		
45							95	/		
46	/						96	/		
47	/						97	/		
48	/						98	/		
49	/						99	/		
50	/						100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	52	↓		↓		↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	54						TOTAL CLAIMS			